

Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (08-00) (modified)

Approved for use through 9/30/2001, OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

NEW UTILITY PATENT APPLICATION TRANSMITTAL <i>(only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket Number 23546-07993
		First Named Inventor Brenda F. Baker et al.
		Title Delivery of Oligonucleotide Compounds into Osteoclasts and Modulation of Osteoclast Differentiation
		Express Mail Label No. EV342133765US
<b>APPLICATION ELEMENTS</b>		<b>ACCOMPANYING APPLICATION PARTS</b>
1. <input checked="" type="checkbox"/> Fee Transmittal Form (deposit authorization)		7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		8. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
3. <input checked="" type="checkbox"/> Specification <span style="float: right;">Total Pages <input type="text" value="117"/></span> <i>(preferred arrangement set forth below)</i>		9. <input type="checkbox"/> Power of Attorney or Authorization of Agent
■ Descriptive Title of the Invention		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement
■ Cross Reference(s) to Related Case(s)		11. <input type="checkbox"/> Preliminary Amendment
■ Statement Regarding Fed sponsored R & D		12. <input type="checkbox"/> Information Disclosure Statement & PTO-1449 <input type="checkbox"/> Copies of IDS Citation(s)
■ Background of the Invention		13. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent
■ Brief Summary of the Invention		14. <input checked="" type="checkbox"/> Return Postcard
■ Brief Description of the Drawing(s)		15. <input checked="" type="checkbox"/> Sequence Listing and diskette
■ Detailed Description		16. <input checked="" type="checkbox"/> Statement to Support Filing and Submission
■ Claim or Claims		17. <input type="checkbox"/>
■ Abstract of the Disclosure		
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">Total Sheets <input type="text"/></span>		
5. Oath or Declaration <span style="float: right;">Total Pages <input type="text"/></span>		
a. <input type="checkbox"/> New Declaration		
<input type="checkbox"/> Executed (original or copy)		
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i>		
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		
		<b>ADDRESS TO:</b> Box Patent Application Commissioner for Patents Washington, D.C. 20231
18. If a <b>CONTINUING APPLICATION</b> , check appropriate box and supply the requisite information below and in a preliminary amendment or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No: <u>10/111,868</u> Prior application information: Examiner: <u>Unknown</u> Group/Art Unit: <u>1652</u> For <b>CONTINUATION OR DIVISIONAL APPS ONLY</b> : The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 50, is considered a part of the disclosure of the accompanying continuing or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		
<b>19. CORRESPONDENCE ADDRESS</b>		
<input checked="" type="checkbox"/> Customer Number and Bar Code <span style="float: right;">0035807</span> Label		
Name (Print/Type)	Susan T. Hubl, Ph.D. Patent Agent	Registration No. (Attorney/Agent)
Signature	<i>Susan T. Hubl</i>	Date
		9/17/03

23546/07993/SF/107080.1

U.S. PTO  
08916  
10766909

# FEE TRANSMITTAL

## for FY 2003

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$1970.00)

## Complete if Known

Application Number NEW APPLICATION  
 Filing Date September 17, 2003  
 First Named Inventor Brenda F. Baker et al.  
 Examiner Name Not yet known  
 Art Unit Not yet known  
 Attorney Docket No. 23546-07993

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None  
☒ Deposit Account:

Deposit Account Number

19-2555

Deposit Account Name

Fenwick &amp; West LLP

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Credit any overpayments  
☒ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	750
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$750)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims			Fee from below		Fee Paid	
Total Claims	70	-26**=	50	X	18	=	900
Independent Claims	4	-3**=	1	X	84	=	84
Multiple Dependent						=	280

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$1220.00)

\*\*or number previously paid, if greater. For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(g)	
1808	180	1808	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

SUBTOTAL (3) (\$0.00)

\*Reduced by Basic Filing Fee Paid

## SUBMITTED BY

Name (Print/Type) Susan T. Hubl, Ph.D. Patent Agent

Registration No. (Attorney/Agent)

47,668

## Complete (if applicable)

Telephone (415) 875-2316

Signature

Susan T. Hubl

Date

9/17/03

2354607993/SF/5107083.1